

COMPLAINT WORKSHEET FOR USDA DONATED FOOD PRODUCTS

Exhibit G

**MWRO OFFICE USE ONLY**

MWRO/FDP COMPLAINT # \_\_\_\_\_  
DATE SENT TO FDD: \_\_\_\_\_  
DATE REC'D FROM FDD: \_\_\_\_\_

DATE REC' FROM SA: INDIANA SA COMPLAINT FORM ATTACHED Y / N

**RECIPIENT AGENCY NAME**

\_\_\_\_\_  
(WAREHOUSE, OUTLET, RA,)

**RECIPIENT AGENCY ADDRESS**

\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE:** INDIANA **ZIP CODE** \_\_\_\_\_

\*\*\*\*\*

**RA:** \_\_\_\_\_ **CONTACT**

\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**CITY/ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**DATE COMPLAINT FILED:** \_\_\_\_\_ **COMMODITY** \_\_\_\_\_

**STATE:** INDIANA

**DESCRIPTION OF PROBLEM / COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please Type or Print)

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**\*REASON FOR COMPLAINT:**

- ☐ SEEKING REPLACEMENT REQUESTED      ☐ VENDOR RESPONSE  
☐ FOR INFORMATION ONLY      ☐ OTHER  
☐ ISOLATED INCIDENT      ☐ NOTIFY VENDOR  
☐ NO RESPONSE NECESSARY

CONTRACT #	DELIVERY ORDER #	N/D # LOT #	BOX #
CAN CODES	PACK DATE	DATE PRODUCT REC'D	AMT. REC'D

**LOCATION OF PRODUCT:**

\_\_\_\_\_

**AMOUNT OF PRODUCT REMAINING:** \_\_\_\_\_

**AMOUNT ON HOLD:**

\_\_\_\_\_

**SHIP DATE:** \_\_\_\_\_

**VENDOR (IF KNOWN):**

\_\_\_\_\_

**IS PRODUCT UNDER WARRANTY**      YES ☐      NO ☐

**CALL 1-800-622-4973 IMMEDIATELY  
ASK FOR THE TEFAP STAFF**